CAMPAIGN TREASURER'S REPORT SUMMARY							
(1) Denise D. Grant	OFFICE USE ONLY						
Name	RECEIVED						
Address (number and street)	SEP 14 2017						
Lauderhill FL 33313	CITY CLERK'S OFFICE						
City, State, Zip Code							
Check here if address has changed	(3) ID Number:						
(4) Check appropriate box(es): ☑ Candidate Office Sought:							
Political Committee (PC)							
☐ Electioneering Communications Org. (ECO) ☐ Party Executive Committee (PTY)	☐ Check here if PC or ECO has disbanded ☐ Check here if PTY has disbanded						
☐ Independent Expenditure (IE) (also covers an	Check here if no other IE or EC reports will be filed						
individual making electioneering communications)							
(5) Report							
Cover Period: From $08 / 01 / 17$ To	08 / 31 / 17 Report Type:						
Original Amendment Spe	cial Election Report						
(6) Contributions This Report	(7) Expenditures This Report						
() () () () () () () () () ()	Monetary Expenditures \$, ,48 . 89						
Cash & Checks \$,, _0 .00	1 1 1 1						
Loans \$,,,	Transfers to Office Account \$, , , , , , , , , , , , , , , , , ,						
Total Monetary \$, , O . OO	Office Account \$, , , , , , , , , , , , , , , , , ,						
Total Monetary ,,,	Total Monetary \$, 485 . 39						
In-Kind \$,,							
	(8) Other Distributions \$, , 0 0 .						
	Ψ,,,						
(9) TOTAL Monetary Contributions To Date	(10) TOTAL Monetary Expenditures To Date						
\$, <u>1</u> , <u>575</u> . <u>00</u>	\$						
(11) Certification It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)							
certify that I have examined this report and it is true, correct, and complete:							
Malara Calarka I Davis & Grant							
☐ Individual (only for IE Treasurer ☐ Deputy Treasurer	Candidate Chairperson (only for PC and PTY)						
or electioneering comm.)	0.1						
x Milarie S. Claure	x Nousin 1						
Signature	Signature						

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name	Denise	D. Grant	(2) I.D. Number

(3) Cover Period <u>OS 101 117-</u> through <u>OS 131 117-</u> (4) Page ______ of _____

(5)	(7)	(8)	(9)	(10)	(11)	
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount	
08/13/17	Roberts, David 7807 NW 42rd Cane Coconut Creek, FL 330B	Social mediator the compagn	CAN		\$169.99	
08/3/17	Davis, Jenniter 2461E. Aragon Blid #1 Sunnse, Fl 33313	Food + supplies turevent	CAN		4305.90	
08/31/17	To Bank 7345 W. Oakland Park Blud Lunderhill, FL 33319	Bank Changes	CAN		10 00	
//						
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CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name	Denise D	Gra	nt			(2) I.D. Nun	nber	
(3) Cover Pe	riod <u>08</u> / <u>0/</u>	117	throi	ugh <u>08</u>	13/ 1	7 (4) P	age _/	_ of _/
(5) Date (6) Sequence Number	(7) Full Nam (Last, Suffix, First Street Addre City, State, Zip	l, Middle) ss &		(8) ontributor	(9) Contribution	(10) In-kind Descriptio	(11)	(12)
05,29,11	City, State, Zip C (ance, N 11095w49 Margate	leianie trīenau	I	Accouda	20A		-	75.00
1 1								
1 1				2				
. / /								
1 1						,		
1 1								

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES

DS-DE 13 (Rev. 11/13)